C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director

DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6826 FAX: (208) 364-1888 E-mail: [sb@dhw.idaho.qov

June 4, 2009

Ferren Weeks, Administrator Yellowstone Group Homes #3 (Hoopes) 560 West Sunnyside Lane Idaho Falls, Idaho 83401

RE: Yellowstone Group Homes #3 (Hoopes), Provider #13G065

Dear Mr. Weeks:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Yellowstone Group Homes #2 (Sunnybrook), on May 13, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of

Ferren Weeks, Administrator June 4, 2009 Page 2 of 2

correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **June 17, 2009**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

TAYLOR BARKLEY Health Facility Surveyor

Facility Fire Safety and Construction Program

TB/lj

**Enclosures** 

	MENT OF HEALTH					Printed: 06/04/2009 FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED	
		13G065		B. WING		05/13/2009	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	STATE, ZIP CODE		
YELLOW	STONE GROUP HO	OME #3 (HOOPES)		OOPES FALLS, ID	83404		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION	
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	construction. It is a with Quick Respons complete fire alarm. The home was built currently licensed for The facility was sun applicable fire/life sa	ile story ,type V(000) ifully sprinklered 13- se sprinkler heads ar /smoke detection system April 10, 1998 ar or 6 ICF/MR beds.  veyed in accordance afety requirements se, 2000 edition, Chap	D system and has a stem. and with et forth in				
	Existing Residential Impractical Evacual was conducted und	Board and Care Oction Capability. The	cupancy, survey				
ĺ	The annual life safe by:	ety code survey was	conducted				
	Taylor Barkley Health Facility Surv Facility Fire/Life Sat	eyor fety and Construction	n Program				
K0056	483.470(j)(1)(i) LIFE STANDARD	E SAFETY CODE		K0056	Please refer &	plum	
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		prompt evacuation fa					
LABORATO	TY DIRECTOR'S OR PROV	IDER/SUPPLIER REPRESE	NTATIVE'S SIG	NATURE	TITLE	(X6) DATE	
ن .	firent.	Wulsa			administrato	20 -6/15/09	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safegoards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Printed: 06/04/2009 FORM APPROVED OMB NO. 0938-0391

DEPART CENTER	MENT OF HEALTH	AND HUMAN SERV	/ICES			FORM	APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/S IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
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	activates the fire ala	rm system in accord			011 H24		theer Page 2 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Yellowstone Group Homes

Printed: 06/04/2009 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  YELLOWSTONE GROUP HOME #3 (HOOPES)  SIMMARY STATEMENT OF DEFICIENCIES  IDAHO FALLS, ID 83404  (X4) ID PROVIDERS ACTION SHOULD BE (EACH DEFICIENCY OR ISS IDENTIFY HIGH NOTOMATION)  REGULATORY OR ISS IDENTIFY HIGH NYTOMATION)  KN056  Continued From page 2  33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.  Exception No. 1: Not Applicable  Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automate sprinklers are not required in closets in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Sprinkler Standard for the Installation of Sprinkler Sprinkler Standard for the Installation of Sprinkler Sprinkler Sprinkler Standard for the Installation of Sprinkler Spri	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) OATE SURVEY COMPLETED			
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IDAHO FALLS, ID 83404   SUMMARY STATEMENT OF DEFICIENCIES   CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAY OR CROSS-REFERENCED TO THE APPRO			OME #2 (1000FC)			STATE, ZIP COOE				
RECOUNT OF LIST IDENTIFYING INFORMATION)  K0056  Continued From page 2 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.  Exception No. 1: Not Applicable  Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 24 sq. ft. and in bathrooms not exceeding 15 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.  Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stonies in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.  Exception No. 5: Not Applicable  Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with N32.3.5.5.  IMPRACTICAL  Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with Sacrot of the water supply is	YELLOW									
33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.  Exception No. 1: Not Applicable  Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 25 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.  Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.  Exception No. 5: Not Applicable  Exception No. 5: Not Applicable  Exception No. 6: initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.  IMPRACTICAL  Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is naccordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is	PRÉFIX	X (EACH DEFICIENCY MUST BE PRECEEDED BY FULL				(EACH CORRECTIVE ACTION SHOW CROSS-REFERENCED TO THE APPR	CTION SHOULD BE COMPLETION DATE			
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Exception No. 1: Not Applicable.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/04/2009 FORM APPROVED OMB NO. 0938-0391

CENTEL	CONTRACTOR AND AND CONTRACTOR AND CO	O MEDICAID SELV	IULU			CIVID NO	. 0330-035 :	
STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G065		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING		(X3) DATE SURVEY COMPLETED 05/13/2009	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (XI (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
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	Evention No. 5: In	itiation of the fire also	rm eveters				I	
	Exception No. 6: Initiation of the fire alarm system						1	
	is not required for existing installations in							
	accordance with 33	3.2.3.5.5.						

FORM CMS-2567(02-99) Previous Versions Obsolete

This Standard is not met as evidenced by: Based on observation and record review it was determined that the facility failed to ensure that the automatic sprinkler system was inspected

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If continuation sheet Page 4 of 5

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/04/2009 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 02			(X3) OATE SURVEY COMPLETED	
		13G065		B. WING		05/1	3/2009	
1	ROVIDER OR SUPPLIER	IOME #3 (HOOPES)		ORESS, CITY, S	STATE, ZIP CODE			
	- CONTRACTOR IN	(11001 LO)		FALLS, ID	83404			
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K0056	annually in accordance: Findings include: During record revie facility could not presprinkler system in observation of the revealed it was day were not noted.	ew on May 13 at 9:45 oduce a current annu spection report. Furth tag on the sprinkler rised 2007 and the mond on the tag. The finding by facility maintenant	al fire ler ser th and ngs were	K0056				

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6/16/09

Plan of correction for the fire life safety survey of Yellowstone Group Home #3 (Hoopes) conducted May 13<sup>th</sup> of 2009.

Upon learning of the findings from the survey inspection on May 13<sup>th</sup>, 3-D Fire Protection the established inspection provider was contacted our deficiencies and scheduled a prompt inspection. The inspections were by the maintenance supervisor Matt Cordon. He discussed completed on May 20 of 2009. A copy of the inspection is enclosed. Mr. Cordon then discussed with the agency their records and lack of notification that the inspections were due. He also discussed the need to properly tag the system. All contact information was verified to ensure their ability to notify us in the future.

In addition the facility's preventive maintenance program will be revised by July 1 to definitely alert the maintenance supervisor of the due dates of preventive maintenance tasks not just leaving it up to contracted services. This will be accomplished by closely tying the preventive maintenance schedule to our monthly administrative calendar which is reviewed at least weekly by all the home administrators. Ferren Weeks the Regional Administrator will be responsible for its completion by July 1.

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FORM APPROVED Bureau of Facility Standards STATEMEN ( OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 02 B. WING 13G065 05/13/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1949 HOOPES** YELLOWSTONE GROUP HOME #3 (HOOPES) IDAHO FALLS, ID 83404 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID EACH CORRECTIVE ACTION SHOULD BE PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) M 000 16.03.11 Inital Comments M 000 The facility is a single story ,type V(000) construction. It is a fully sprinklered 13-D system with Quick Response sprinkler heads and has a complete fire alarm/smoke detection system. The home was built on April 10, 1998 and currently licensed for 6 ICF/MR beds. The facility is a single story, type V(000)construction. It is fully sprinklered with Quick Response sprinkler heads. It has a complete fire alarm/smoke detection system. This home was built/completed on February 23, 1998. Currently it is licensed for 6 ICF/MR beds. The survey was conducted in accordance with applicable fire/life safety requirements set forth in IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR). The deficiencies identified during this survey are listed below. The annual life safety code survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire/Life Safety and Construction Program MM309 Refer to KOD 56 MM309 16.03.11.110 Fire and Life Safety Standards 6/16/9 Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: Refer to federal deficiencies listed on the CMS (X6) DATE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM D21199

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PRINTED: 06/04/2009 FORM APPROVED

Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 B. WING 05/13/2009 13G065 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1949 HOOPES** YELLOWSTONE GROUP HOME #3 (HOOPES) IDAHO FALLS, ID 83404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From Page 1 MM309 MM309 . 2567 form. 1. K056 Annual inspection of the automatic fire sprinkler system. If continuation sheet 2 of 2 9LLH21 STATE FORM 021199